

AO 440 (Rev. 8/01) Summons in a Civil Action

# UNITED STATES DISTRICT COURT

MIDDLE

District of

ALABAMA

Rosie Marshall, Annette Lewis, Olivia Lewis,  
Stella Lewis, Willie Lewis, Margaret Ligon,  
Gwendolyn Ligon, et al.  
V.

## SUMMONS IN A CIVIL ACTION

Liberty National Life Insurance Company

CASE NUMBER: 2:05-CV-0534-DRB

TO: (Name and address of Defendant)

Liberty National Life Insurance Company  
c/o The Corporation Company  
2000 Interstate Park  
Suite 204  
Montgomery, Alabama 36109

**YOU ARE HEREBY SUMMONED** and required to serve on PLAINTIFF'S ATTORNEY (name and address)

C. Gibson Vance  
Beasley, Allen, Crow, Methvin, Portis & Miles, P.C.  
P.O. Box 4160  
Montgomery, Alabama 36103-4160

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

*Debra P. Hackett*

CLERK

(By) DEPUTY CLERK

DATE

*June 15, 2005*

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**RETURN OF SERVICE**Service of the Summons and complaint was made by me<sup>(1)</sup>

DATE

NAME OF SERVER (*PRINT*)

TITLE

*Check one box below to indicate appropriate method of service*

- ☐ Served personally upon the defendant. Place where served:
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left:
- ☐ Returned unexecuted:
- ☐ Other (specify):

**STATEMENT OF SERVICE FEES**

TRAVEL

SERVICES

TOTAL

\$0.00

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on \_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature of Server*


\_\_\_\_\_  
*Address of Server*

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number <i>marshall</i>	
 7160 3901 9848 9056 1678	
3. Service Type <b>CERTIFIED MAIL</b>	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
1. Article Addressed to:	
<p align="center"> <b>Liberty National Life Insurance Company</b>  <b>c/o The Corporation Company</b>  <b>2000 Interstate Park</b>  <b>Suite 204</b>  <b>Montgomery, Alabama 36109</b> </p>	
2:05CV534 ( <i>Exh A Comp, summons 20 Aug</i> ) PS Form 3811, July 2001 Domestic Return Receipt	

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
D. Is delivery address different from item 1? If YES, enter delivery address below: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

Thank you for using Return Receipt Service